

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2019, covering calendar year ending December 31, 2018.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
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ACCOUNT #
00070762

1 NAME		TITLE; FIRST; MI Ms. Ina M. NICKNAME; LAST; SUFFIX Minjarez		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/29/2019	
2 ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		Receipt # HD / PM Amount Date Processed	
3 TELEPHONE NUMBER		AREA CODE PHONE NUMBER; EXTENSION		Date Imaged	
4 REASON FOR FILING STATEMENT		<input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) <input checked="" type="checkbox"/> ELECTED OFFICER State Representative HD 124 (INDICATE OFFICE) <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY) <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY) <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY) <input type="checkbox"/> OTHER _____ (INDICATE POSITION)			

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE CEO Leonel Gomez Jr.

 DEPENDENT CHILD 1. _____
 2. _____
 3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input checked="" type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] [REDACTED] POSITION HELD
<input checked="" type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Attorney
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Brooks Development Authority ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3201 Sidney Brooks San Antonio, TX 78235 President & CEO POSITION HELD
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Toyota Financial Services (car Note)			
2 LIABILITY OF	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 GUARANTOR	Gomez, Leo (Mr.)			
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of America Vehicle Loan			
LIABILITY OF	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Gomez, Leo (Mr.)			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Security Service Federal Credit Union			
LIABILITY OF	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Gomez, Leo (Mr.)			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED]
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Bexar
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Mr. Cooper Mortgage Company
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	Connect SA Advisory Board		
2 POSITION HELD	Advisory Board Member		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	San Antonio Hispanic Chamber of Commerce		
POSITION HELD	Board Member		
POSITION HELD BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Hot Wells Conservancy Board Of Directors		
POSITION HELD	Treasurer		
POSITION HELD BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Brooks Gives Back		
POSITION HELD	President, CEO, & Board Member		
POSITION HELD BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	San Antonio Mobility Coalition Board Of Directors		
POSITION HELD	Executive Committee Member		
POSITION HELD BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	KLRN Board of Directors		
POSITION HELD	Board Member		
POSITION HELD BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

BOARDS AND EXECUTIVE POSITIONS

PART 12

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List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 ORGANIZATION	San Antonio Mobility Coalition, Inc		
2 POSITION HELD	Executive Committee Board Member		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Young Children's Resource Center and Crisis Nursery		
POSITION HELD	Planning Advisory Group		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS

COVER SHEET

PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. **If you place a check in a box, do NOT include pages for that Part in the report.**

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Ms. Ina M. Minjarez

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath